

10/535221

PTO/SB/01. 02 &amp; 04 COMBINED (08-03) AW (10-03)

# DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration  
Submitted  
With Initial  
Filing  
(37 CFR 1.63)

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

☐ Supplemental  
Declaration  
(37 CFR 1.67)

Attorney Docket Number:

First Named Inventor:

Koichi HOSOI

COMPLETE IF KNOWN

Application Number:

Filing Date:

Art Unit:

Examiner Name:

## I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BUILT-IN HEATING COOKER

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/20/2004 as United States Application or PCT International Application Number PCT/JP2004/015472

and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2004-074262	Japan	03/16/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

# Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ **Practitioners at Customer Number 23122**
**OR**
☐ Practitioner(s) named below:

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:	<input checked="" type="checkbox"/> Practitioners Customer Number listed above; <b>OR</b> <input checked="" type="checkbox"/> Correspondence Address Below	
Name: RatnerPrestia		
Address: P. O. Box 980		
City: Valley Forge	State: PA	Zip: 19482
Country: USA	Telephone: (610) 407-0700	Fax: (610) 407-0701
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.		

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Koichi</u>		<u>HOSOI</u>	
Inventor's Signature <u>Koichi HOSOI</u>		Date: <u>April 20, 2005</u>	
Residence: City: <u>Kobe-shi</u>	State: <u>Hyogo</u>	Country: <u>Japan JPX</u>	Citizenship: <u>Japanese</u>
Mailing Address: <u>2-15-13-102, Ikegami, Nishi-ku</u>			
Mailing Address:			
City: <u>Kobe-shi</u>	State: <u>Hyogo</u>	Zip: <u>651-2111</u>	Country: <u>Japan</u>
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

# Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

<b>Name of Second Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
200 <u>Kazuichi</u>		<u>OKADA</u>	
Inventor's Signature <u>Kazuichi OKADA</u>		Date: <u>April 20, 2005</u>	
Residence: City: <u>Kobe-shi</u>	State: <u>Hyogo</u>	Country: <u>Japan JPX</u>	Citizenship: <u>Japanese</u>
Mailing Address: <u>9-1-25, Shinryodai, Tarumi-ku</u>			
Mailing Address:			
City: <u>Kobe-shi</u>	State: <u>Hyogo</u>	Zip: <u>655-0041</u>	Country: <u>Japan</u>
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
300 <u>Satoru</u>		<u>KODAMA</u>	
Inventor's Signature <u>Satoru KODAMA</u>		Date: <u>April 20, 2005</u>	
Residence: City: <u>Shiki-gun</u>	State: <u>Nara</u>	Country: <u>Japan JPX</u>	Citizenship: <u>Japanese</u>
Mailing Address: <u>100-90, Chishiro, Tawaramoto-cho</u>			
Mailing Address:			
City: <u>Shiki-gun</u>	State: <u>Nara</u>	Zip: <u>636-0246</u>	Country: <u>Japan</u>
<b>Name of Fourth Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City: _____	State: _____	Country: _____	Citizenship: _____
Mailing Address: _____			
Mailing Address: _____			
City: _____	State: _____	Zip: _____	Country: _____
<input type="checkbox"/> Additional inventors are listed on Supplemental Sheet(s).			